

Entered -07-09-01 - sb
CL 01L0428 - GWENDOLYN BURNS

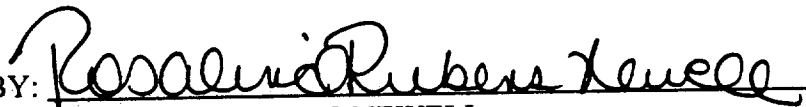
01-R -1848

CLAIM OF:

JOEL BERGER
1027 Mill Overlook
Atlanta, Georgia 30319

For damages alleged to have been sustained when a vehicle was driven over a sewer construction site that was not properly covered in the roadway on June 5, 2001 at Peachtree Dunwoody Road, NE & Haven Oaks Court, NE (3740 Peachtree Dunwoody Road, NE).

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0428

Date: October 30, 2001

Claimant /Victim JOEL BERGER
 BY: (Atty) (Ins. Co.) _____
 Address: 1027 Mill Overlook, Atlanta, Georgia 30319
 Subrogation: _____ Claim for Property damage \$ 183.96 Bodily Injury \$ _____
 Date of Notice: 6/2/01 Method: Written, Proper X Improper _____
 Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
 Date of Occurrence 6/5/01 Place: Peachtree Dunwoody Rd. & Haven Oaks Ct. (3740 Peachtree Dunwoody Rd.)
 Department _____ Division _____
 Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant alleges that his vehicle sustained damage when he drove over a sewer construction site in the roadway that was left open and in an unsafe manner. However, an investigation determined that an outside contractor performed work at the incident location. The claimant has been notified and his claim has been forwarded to the contractor for immediate resolution.

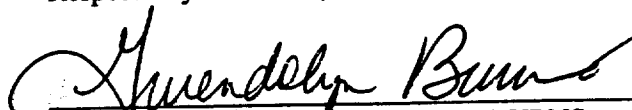
INVESTIGATION:

Statements: City employee X Claimant _____ Others _____ Written _____ Oral X
 Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X
 Traffic citations issued: City Driver _____ Claimant Driver _____
 Citation disposition: City Driver _____ Claimant Driver _____


BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
 Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
 City not involved X Offer rejected _____ Compromise settlement _____
 Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
 Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


 INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse _____ Account charged: 1A01 _____ 2J01 _____ 2H01 _____
 Claims Manager:  Concur/date 10-31-01
 Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RECEIVED

JUL 02 2001

RE: CLAIM FOR DAMAGES

Today's Date: 6.7.01 *AK*

Burns
07/09/01

MUNICIPAL CLERK

ENTERED - 7-9-01 - SB

0110428 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 183.96 and/or \$ 0 bodily injury for which I contend the City is liable.

1. Date of incident: 6.5.01 (month/day/year) 2. Time of Incident: 7⁴⁵ pm 3. Police called: Yes ☒
4. Location of incident (including street address): Peachtree Dunwoody, approx. 1/2 mile from Peachtree
5. Name of your insurance company: State Farm Policy No. 176 0243 B03 11F
6. State what and how incident occurred: There was incomplete road work being done. There was a large hole in the road around a sewer cover. Tire (front left) received damage. (See Back)
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Lexus GS300 (Make) 1999 (Year) 501 LDD (Tag Number) Joel Berger (Driver's Name)
City vehicle: _____ (Make) _____ (City Driver's Name) _____ (Department/Bureau)
9. Witness: Nicole Berger (Name) 1027 Mill Overlook (Address) 404-256-1155 (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant

Joel Berger
(Print Claimant's Name)

1027 Mill Overlook
(Address)

Atlanta GA 30319
(City, State and Zip Code)

404 636 3100
(Work Number)

404 256 1155
(Home Number)